

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L98-662

Aspen Farms L.L.C.

REINSTATEMENT 2000

2. Principal Office Address

16055 W Hwy 316
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 536
Suite, Apt. #, etc.

City & State

Williston FL
Zip Country

32696 Marion

City & State

Fairfield, FL
Zip Country

32634

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

1998

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Jonathan Elliott

800003500308-8

-12/13/00--01099--018

****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable)

16055 W Hwy 316

Suite, Apt. #, Etc.

City Williston

State
FL

Zip Code
32696

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Jonathan Elliott
REGISTERED AGENT MUST SIGN

Date 11/28/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	Jonathan Elliott	16055 W Hwy 316	Williston FL 32696
MRS	Gail Elliott	4826 105th Ave CT NW	Gig Harbor, WA 98335

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Jonathan Elliott

Date 11/28/00

Daytime Phone # 352-528-7600

Typed or printed name of signing Managing Member/Manager

JONATHAN ELLIOTT